

ADULT SOCIAL CARE ACTIVITY AND PERFORMANCE REPORT

May 2024



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Purpose of report

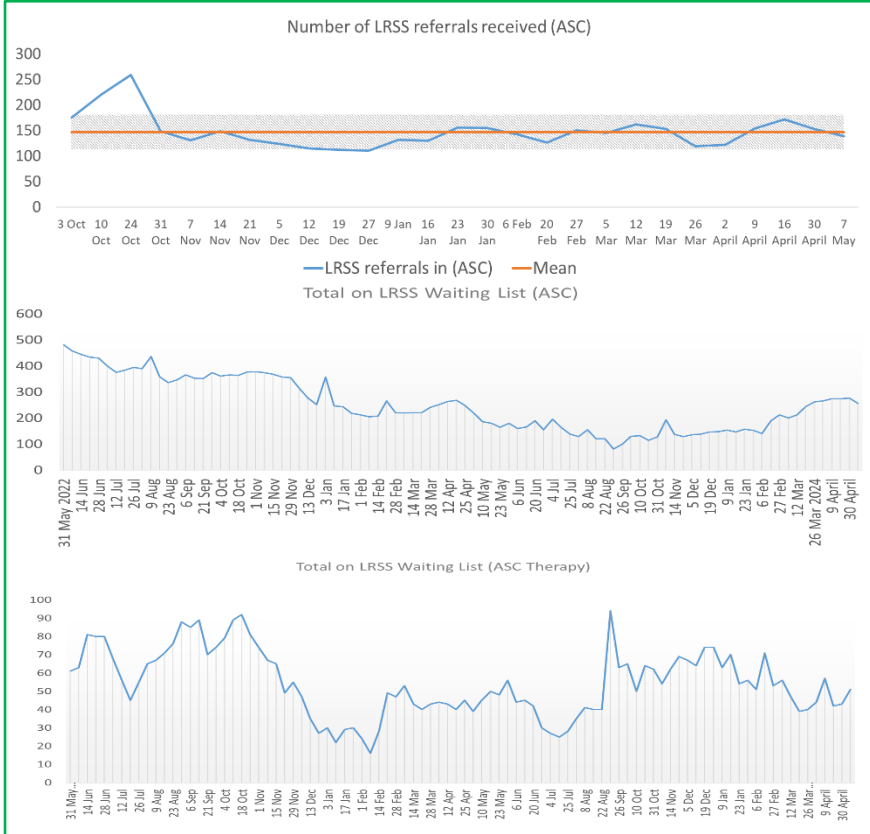
This performance and activity report is designed to ensure regular dialogue on Adult Social Care performance between Plymouth City Council and Livewell Southwest, both organisations which will have an impact on the performance reported.

The performance reported is against quality improvement metrics that are not subject to any contractual monitoring, the report is for internal reporting within Plymouth City Council and Livewell Southwest performance frameworks.

Reporting period to: 7 May, 2024

Theme: Demand and Unmet Need

KPI	2 April	9 April	16 April	30 April	7 May	Direction	TARGET
LRSS Referrals in (ASC)	122	154	172	153	139	▼	
Referrals closed in LRSS (ASC)	131	154	216	175	163	▼	
% closed compared to LRSS referrals in (ASC)	107.4%	100.0%	125.6%	114.4%	117.3%	▲	tbc
Referrals generating onward referrals in LRSS (ASC)	172	23	51	43	72	▲	
% of referrals generating onward referrals (ASC)	141.0%	14.9%	29.7%	28.1%	51.8%	▲	
LRSS Referrals in (ASC Therapy)	8	13	16	13	10	6	
Total on LRSS Waiting List (ASC)	266	274	274	277	256	▼	tbc
Total on LRSS Waiting List (ASC) - RED	27	21	13	4	1	▼	tbc
Total on LRSS Waiting List (ASC Therapy)	44	57	42	43	51	▲	tbc
Total on LRSS Waiting List (ASC Therapy) - RED	2	4	1	5	7	▲	tbc



Analysis

The number of people on the Livewell Referral and Support Service waiting list is much improved on historic performance but has been increasing over the last few months. The Council will now also be able to monitor the number of people RAG rated as red on the waiting list. The number of people rated as a red risk was only one in the week of 7 May.

Narrative and Plan

LRSS has experienced long term sickness of two full time members of staff and another F/T member of staff on placement in another team as part of their social work studies. Therefore, team has lost 3 F/T members of staff from a team of 14 FTE.

Two long term sick team members have now returned to work on phased returns. By reviewing data trends there is an annual increase of referrals in March and April, with data trends indicating that over May, June, and July that the waiting list reduces significantly. It is hoped that this trend will continue in 2024. PPN's continue to impact heavily here.

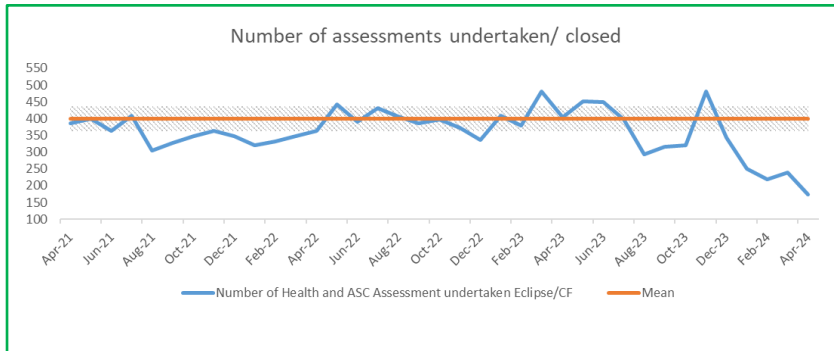
PLAN: Overtime has been offered to the team to reduce WL utilising hours within the establishment generated from a member of staff reducing their hours. There has been good uptake on this.

Co-ordinator continue to complete regular data cleanses to ensure that all waiters need to be waiting and have yet to be seen by the service

Reporting period to: April, 2024

Theme: Assessment Activity LWSW

KPI	December	January	February	March	April	Direction	TARGET
Number of LTC assessments undertaken - Eclipse	145	235	196	224	168	▼	183/m
Number of HSC Assessments closed – Eclipse/CF	344	251	219	240	173	▼	
% Care Act assessments completed within 28 days (community route)	78.4%	77.8%	88.1%	86.2%	81.5%	▼	



Analysis

The number of HSC Assessments closed includes those still being closed on CareFirst and are likely to include legacy pieces of work. Numbers undertaken/closed since December are lower than the monthly average of 2022/23 (399). Between July 2023 and April 2024 closed care act assessments (on Eclipse only) have taken on average 22 days, the longest of which is 277 days, these do however exclude those opened on CareFirst prior to July 2023.

Narrative and plan

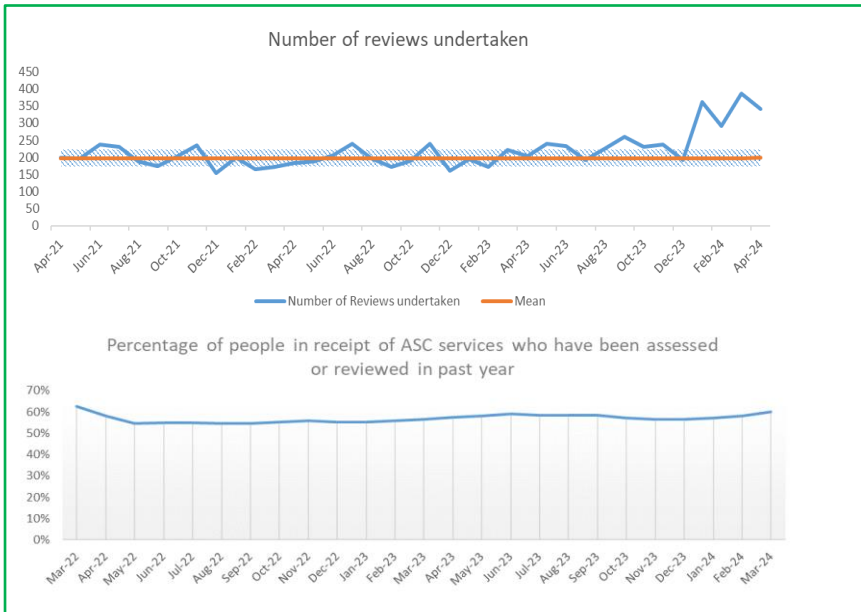
Our waiting list programme has been defined and is engaged in benchmarking where we are right now. Data Quality features heavily in this and some of the drop off in this month’s performance (and next months) will be due to re engaging with people on the waiting lists. All lists are being re-triaged. It should still be noted that some of the ongoing work is seeing improvements in unallocated work and length of waits.

We will be using the escalation routes in the waiting list project to challenge system issues that are hindering this work – for example we are still identifying new CA assessments being created despite an open review activity – this accounts for 200 system CA assessments we aim to have the assessment review completed by the end of June.

Reporting period to April, 2024

Theme: Review Activity

KPI	December	January	February	March	April	Direction	TARGET
Number of reviews undertaken	193	361	292	387	341	▼	197/m
% of people in receipt of LT services assessed or reviewed in last 12m	56.4%	57.1%	58.0%	61.4%	61.3%	▼	75%
% of people in receipt of LT services assessed or reviewed in last 12m – using Client Level Dataset	43.0%	44.9%	46.1%	48.4%	49.9%	▲	



Analysis

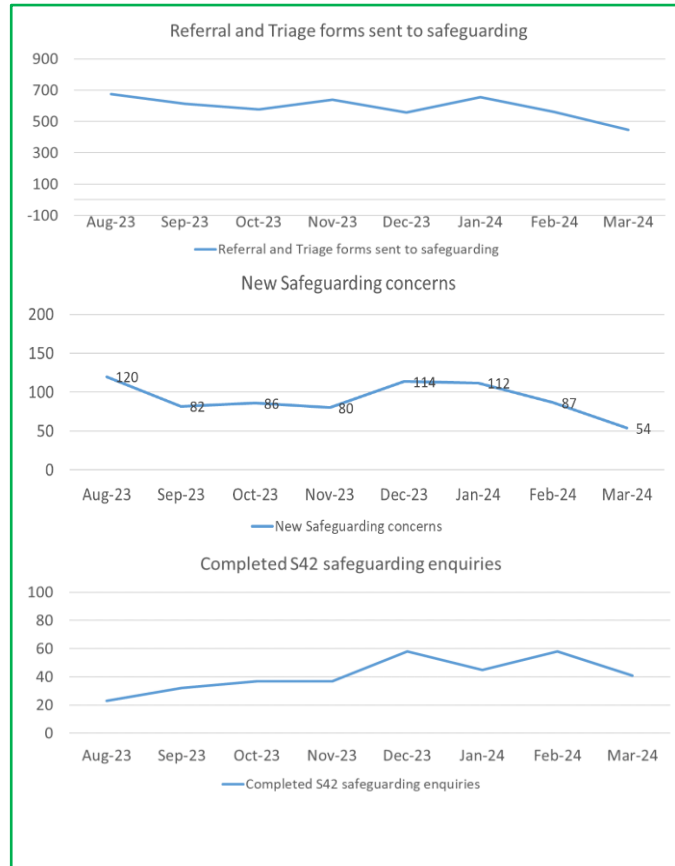
The number of reviews undertaken is now on an increasing trend since April 2021, this trend improved by higher numbers of reviews completed in the early part of 2023/24. Since January 2024 reviews undertaken have increased significantly, averaging 345 between January and April, this figure still sits well above the monthly average between April and December 2023 (218).

Narrative and Plan – Performance continues to move in the right direction – we’re still waiting on the telephone review form to go live. The impact of the focused review work starting to impact upon performance here. We can see clear gains in reduction of waits and overdue work. It should be noted that the increased activity in this area is entirely driven by the focussed ASC review team. As the waiting list work continues to develop, we may look to focus some of this resource in other priority areas.

Reporting period to: April 2024

Theme: Safeguarding Activity

KPI	December	January	February	March	April	Direction	TARGET
Referral and Triage forms sent to safeguarding	558	657	562	447	434	▼	500/m
Percentage of above that become a concern	20.3%	17.2%	16.0%	13.9%	18%	▲	20%
New Safeguarding concerns	114	112	87	54	63	▲	N/A
S42 Enquiries completed	58	45	58	41	37	▼	N/A



Analysis

The number of referral forms sent to safeguarding is now reducing, between July 23 and January 24 we were averaging 599 per month, this has reduced to 481 between February and April. On average, each month (between July 23 and April 24) 16% of those referrals became a safeguarding concern, the % becoming a concern increased in April to 18%, this may be the start of an increasing trend, which we would expect to see as referrals drop.

Narrative and Plan

PCC Update: The number of referral and triage sent to safeguarding has continued to reduce to its lowest number at 434 and by 35% from January. The main cause of this is the updating of the Safeguarding referral form aimed at clarifying the criteria and signposting to more appropriate referral routes. The other cause is the introduction of the live safeguarding advice line, which is designed to support referral decision making and has resulted in approximately 80% of calls being redirected. This has continued to enable the team to focus on core business, although there has been an impact on LRSS who are now being sent the redirected referrals and have seen an increase to their waiting list.

The % of above that become a concern has remained low despite the reduction in above forms and we expected the conversion rate to increase the %. However there has been a 4% increase in the last month and we will monitor this.

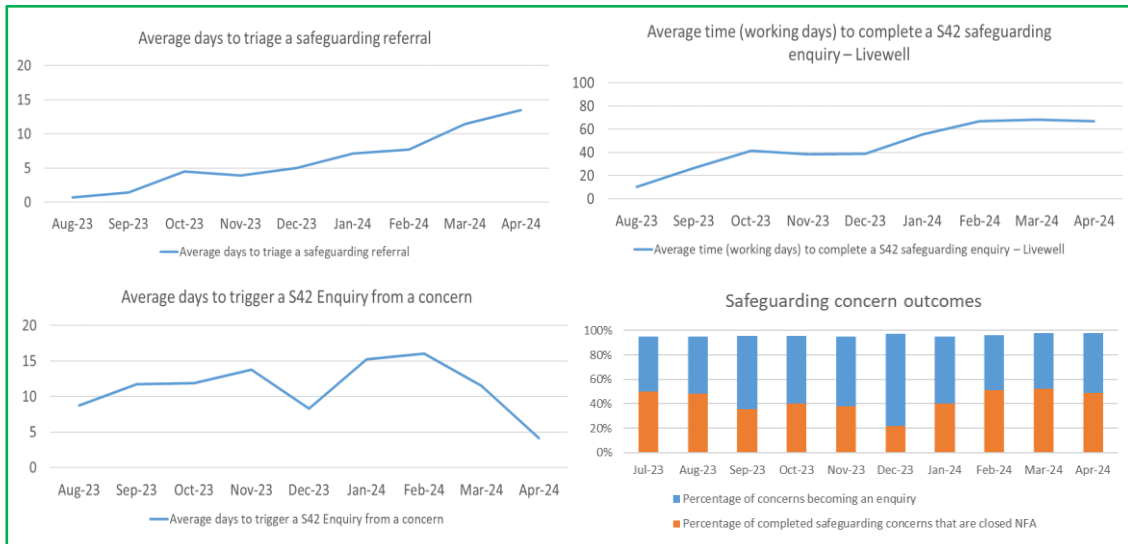
The number of completed safeguarding enquiries completed has further reduced and may be attributable to staffing levels increasing within the ASC LSW Pathway.

The Safeguarding Pathway project continues to progress and is now designing a “new way of working” proof of concept with the teams.

Reporting period to: April, 2024

Theme: Safeguarding Processes/Activity

KPI	December	January	February	March	April	Direction	TARGET
Average time in days to triage a safeguarding referral	5	7.1	7.7	11.4	13.5	▲	TBC
Average time in days to trigger a S42 Enquiry from a concern	8.3	15.2	16	11.5	4.1	▼	TBC
Percentage of completed safeguarding concerns that are closed for safeguarding	21.7%	40.3%	51.2%	52.3%	48.90%	▼	TBC
Percentage of concerns becoming an enquiry	75.50%	54.60%	45.10%	45.40%	48.90%	▲	TBC
Percentage of completed safeguarding concerns that lead to an ASC assessment	0%	1.70%	0%	1.20%	0%	▼	TBC



Analysis

We do not yet know how these metrics will retrospectively change post reporting so any interpretation of performance should be discussed in this context. Since July 2023, the monthly average of the percentage of concerns that become an enquiry has been 53.5% and has a range between 45% and 60% (exception being December). On average 43% of concerns become NFA.

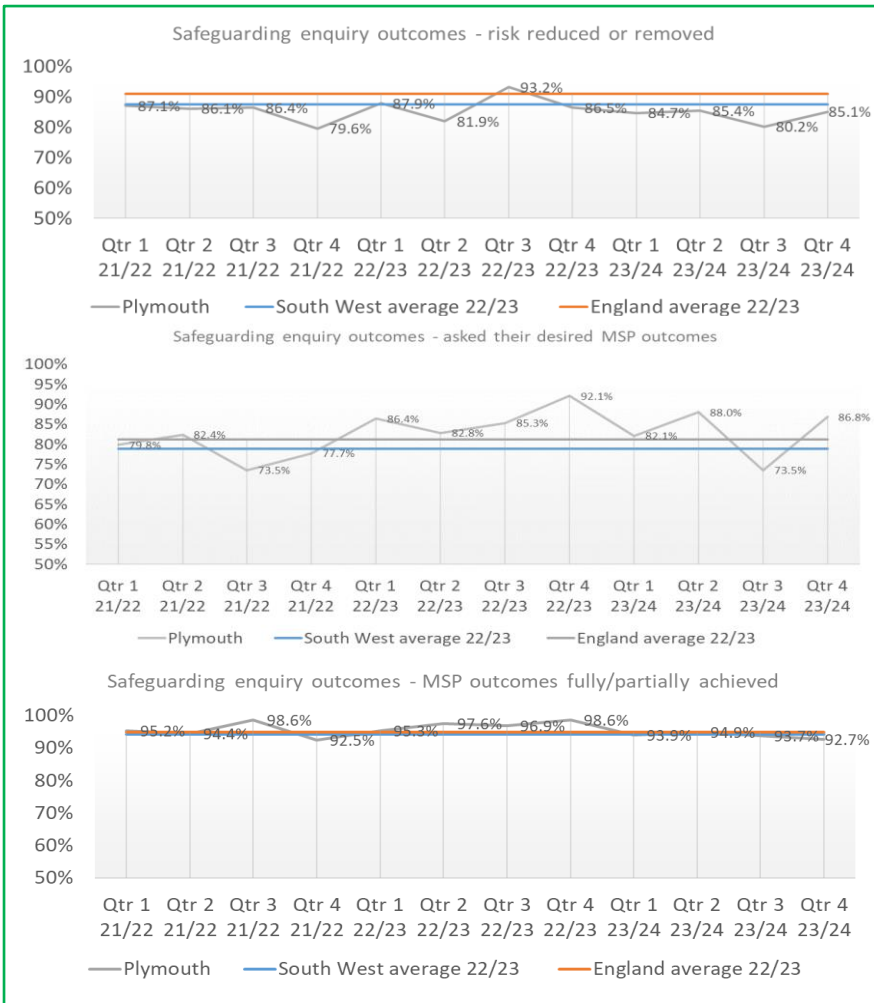
The average time taken to complete a safeguarding enquiry appears to be increasing, but a larger time series is needed to fully understand this.

Narrative and Plan – For PCC, we will be looking to respond to data for the current Retained Client Function tasks in the framework, by monitoring the expected reduction in demand and related changes. The plan is focused on the pathway development planning to align responses and have an integrated approach to future responses and reporting.

Reporting period to: Quarter four, 2023/24

Theme: Safeguarding Outcomes

KPI	Q4 23/24	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Direction	TARGET
Enquiry outcome – risk reduced or removed	86.5%	86.1%	85.4%	80.2%	85.1%	▲	92.4%
Enquiry outcome – risk remains	13.5%	13.9%	14.6%	19.8%	14.9%	▼	7.6%
Enquiry outcome – asked MSP outcomes	92.1%	83.8%	87.8%	73.5%	86.8%	▲	87%
Enquiry outcome – MSP outcomes fully/partially achieved	98.6%	93.9%	95.0%	93.7%	92.7%	▼	95%



Analysis

Last Quarter: Between 1 January 2024 and 31 March 2024 (Q4), 144 individuals were the subject of a completed safeguarding S42 enquiry, 125 of which expressed a desired MSP outcome 92.7% at the start of the enquiry (86.8% compared to 73.5% in Q3). The percentage of people not asked about their preferred has fallen to 10.4%.

The percentage that has been either fully or partially achieved has dropped slightly, down from 93.7% (74 of 79) in Q3 to 92.7% (102 of 110) in Q4.

Narrative and Plan

The % of people where a risk has been reduced or removed has increased which is positive and the % where risk remains has dropped because of this.

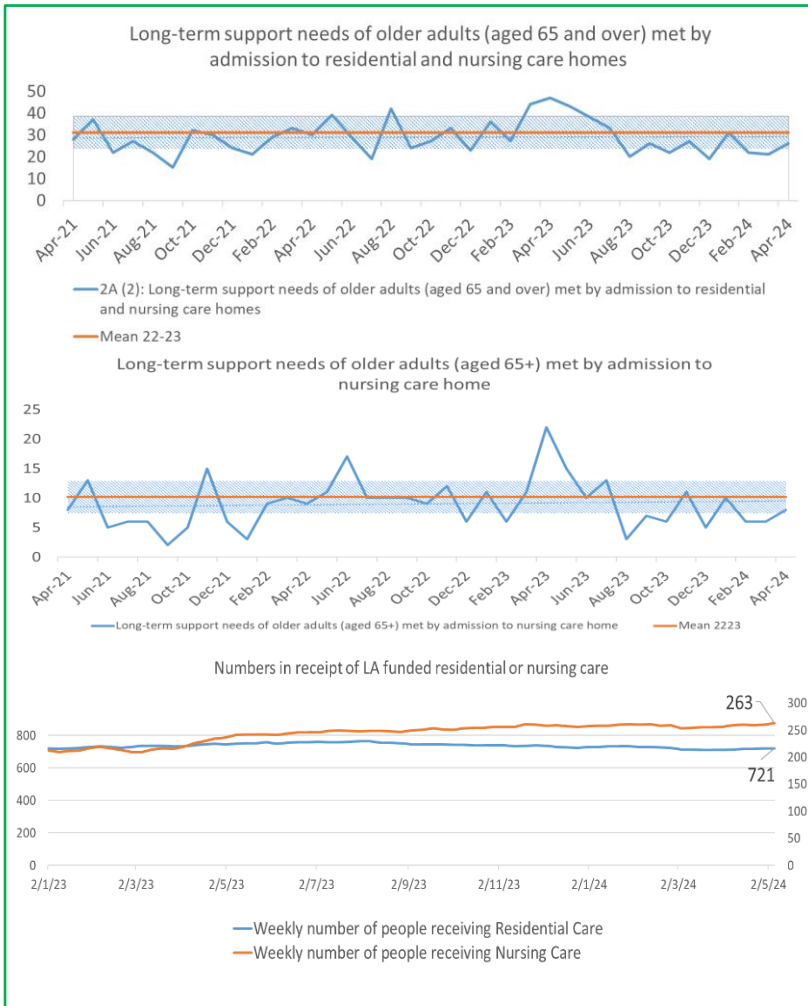
The % of people asked about their MSP outcomes has increased from last month, but we are still working on training and due to joint work with LWSW as part of the SG pathway project and oversight and actions to address. We will also look at separate data for PCC and LWSW to understand at which point in the process we need to improve.

The enquiry outcome being fully or partially met has not increased and is likely still due to setting unrealistic outcomes which we are addressing through above also.

Reporting period to: April 2024 NATIONAL INDICATOR/ ICP INDICATOR

Theme: Care Homes

KPI	December	January	February	March	April	Direction	TARGET
LT admissions to residential/nursing care 65+	19	31	22	21	26	▲	31/m
LT admissions to res/nur care 65+/100k pop. (Cumulative.)	569.072	632.99	682.474	711.34	53.6	N/A	769.1
LT admissions to residential/nursing care 18-64	2	1	4	3	2	▼	3/m
LT admissions to nursing care 65+	5	10	6	6	8	▲	N/A
Numbers in receipt of Nursing Care	257	261	258	256	263	▲	224
Numbers in receipt of Residential Care	730	728	724	702	720	▲	735



Analysis

In 2023/24 we recorded 349 long term admissions of older people to a residential or nursing home, this is a reduction of 24 from 2022/23 (373). The number of admissions increased slightly in March 2024, but remains below the 2022/23 monthly average (31). Within this figure, the number into nursing care homes is following the same trend; in 2023/24 we recorded 114 long term admissions of older people to a nursing home, a reduction from 122 in 2022/23. The number of people in long term residential care remains on a declining trend but did increase at the end of April. The number of people in a nursing care setting is stubbornly high and presents a financial challenge.

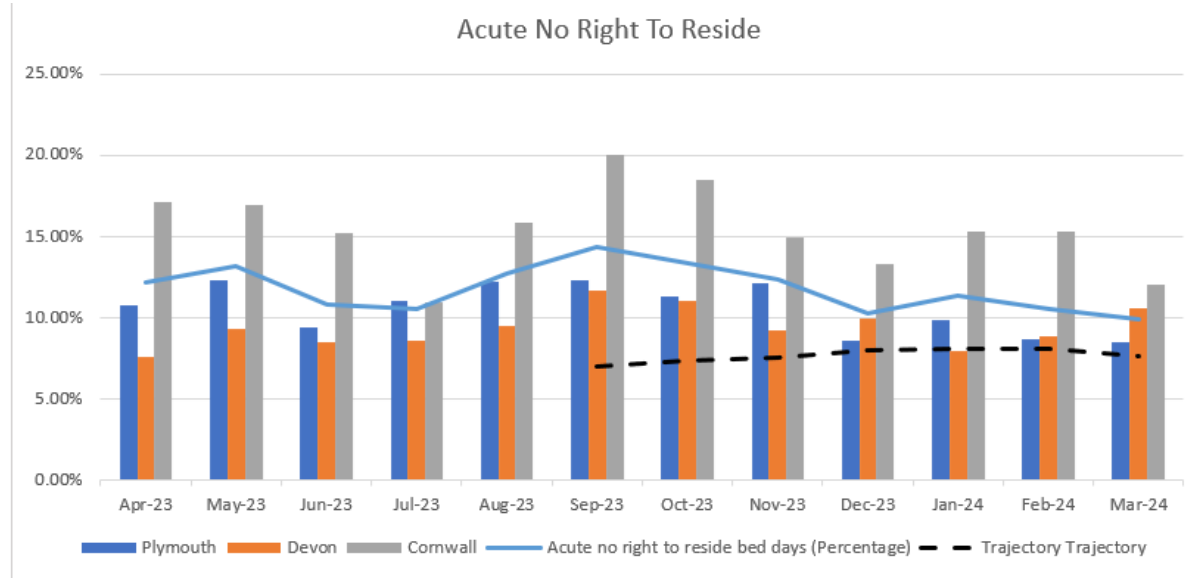
Narrative and Plan

Admissions to care homes, particularly nursing care, is a key focus of our performance and budget containment activity over the next couple of months – we need to understand what is leading to a nursing home placement, whether this could be avoided and ensure we continue to pay a reasonable price for care. This will include an analysis of those clients and commissioned providers where we are funding at levels above standard rates.

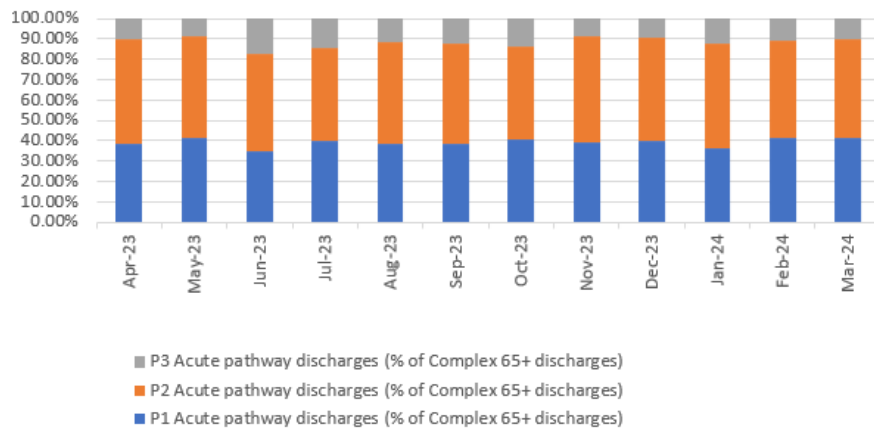
Data Review

Average NCTR for March 24 is at 9.88%, a slightly improved position from February 24, 10.55%.

- Plymouth is maintaining its lower position of 8.45%, a slight decrease from February 24, 8.71%.
- Devon has seen an increase in March 24 to 10.54%, from the previously lower position of 8.85%.
- Cornwall has seen a positive decrease in NCTR to 12.06%, from 15.28% in February, but is still the lowest performing against the target.



Plymouth Acute Pathway Discharges Aged 65+(Pathways are intended pathways not actual)

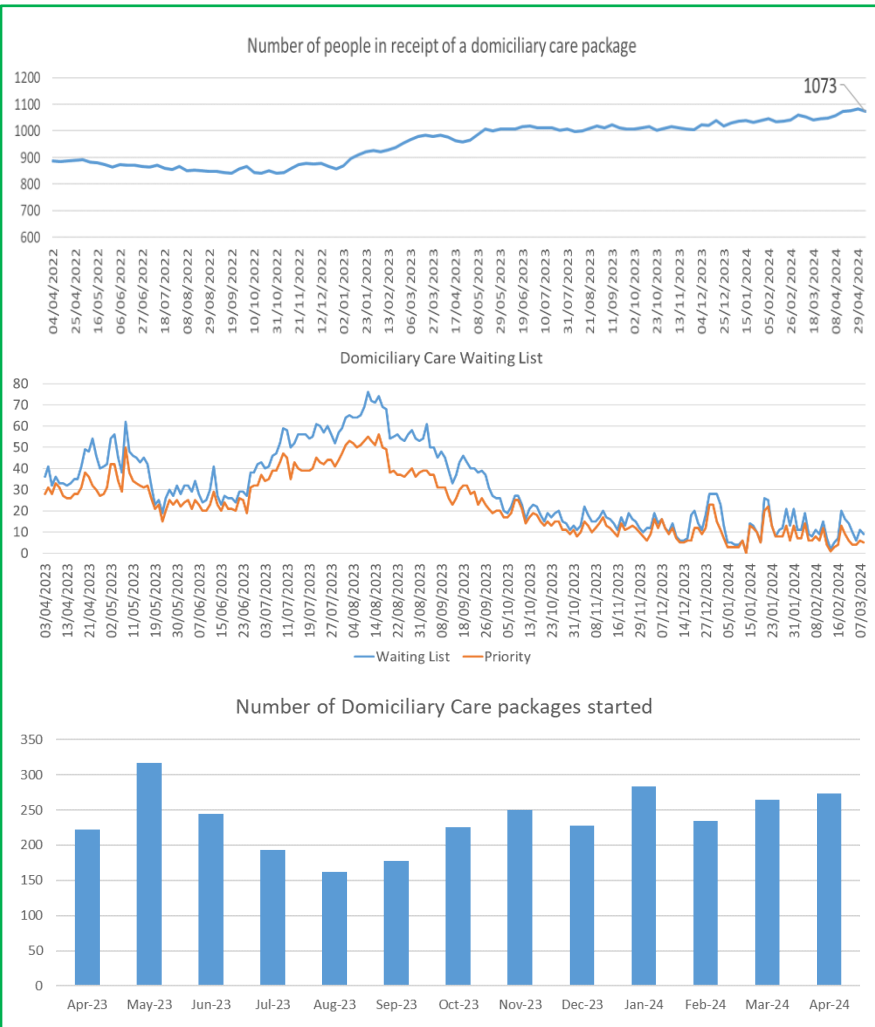


The John Bolton modelling for March 24 is consistent with February 24. 41.28% of complex discharges were recorded as intended P1, 48.25% as P2, and 10.47% as P3.

Reporting period to: April 2024

Metric: Domiciliary Care

KPI	December	January	February	March	April	Direction	TARGET
Number of people in receipt of domiciliary care (end of month snapshot)	1023	1042	1046	1051	1083	▲	977
Number of people awaiting care package (end of month snapshot)	28	9	16	8	9	▲	20
Number of people awaiting care package – RED priority (end of month snapshot)	23	6	9	5	6	▲	
Percentage of Dom Care packages opened within one week	87.8%	78%	85.9%	87.2%	91.9%	▲	
Number of Domiciliary Care packages started in period	228	283	235	264	274	▲	



Analysis

The number of people in receipt of Dom Care packages continues to increase, at the end of the month the snapshot had reached 1,083, a new high.

As the number of users have increased the numbers on the waiting list remains low, maintaining strong performance in this area. At the end of April, the waiting list is at 9. Low waiting lists and increased package numbers is supported by an increase in the numbers of Dom care packages started.

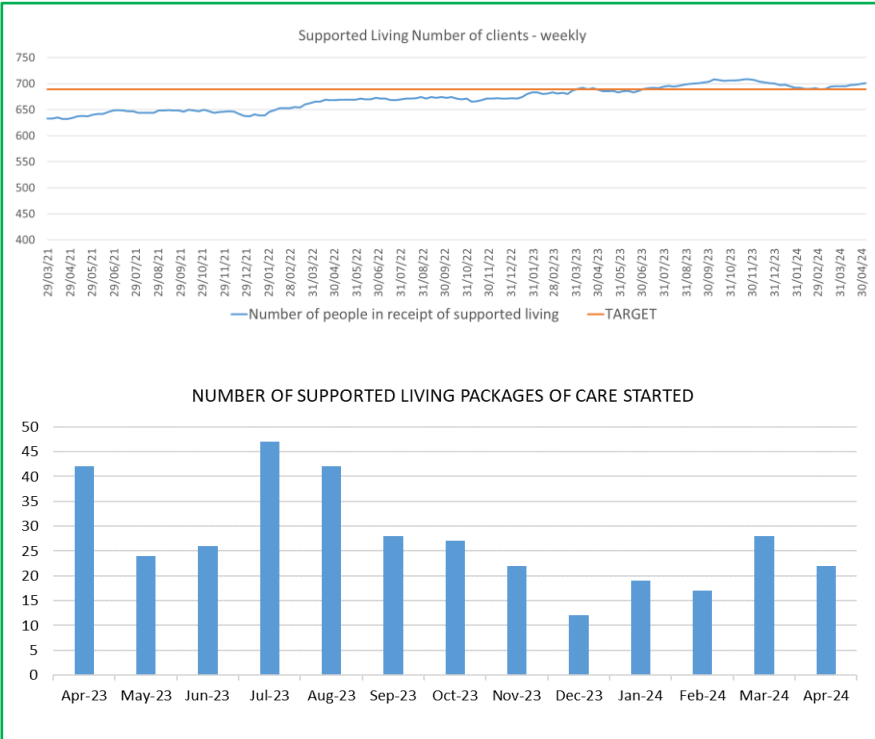
Narrative and Plan

The waiting list and wait times for home care continue to be low, with capacity in the market and providers reporting they can recruit staff to fill vacancies. This is also having the effect of reducing handbacks of packages of care – providers are aware they are not able to select clients from a large waiting list.

Reporting period to: April 2024

Metric: Supported Living

KPI	December	January	February	March	April	Direction	TARGET
Number of people in receipt of supported living (end of month snapshot)	703	694	693	697	699	▲	689
Number of people awaiting care package (end of month snapshot)				41	32	▼	TBC
Number of Supported Living packages started in period	12	19	17	28	22	▼	



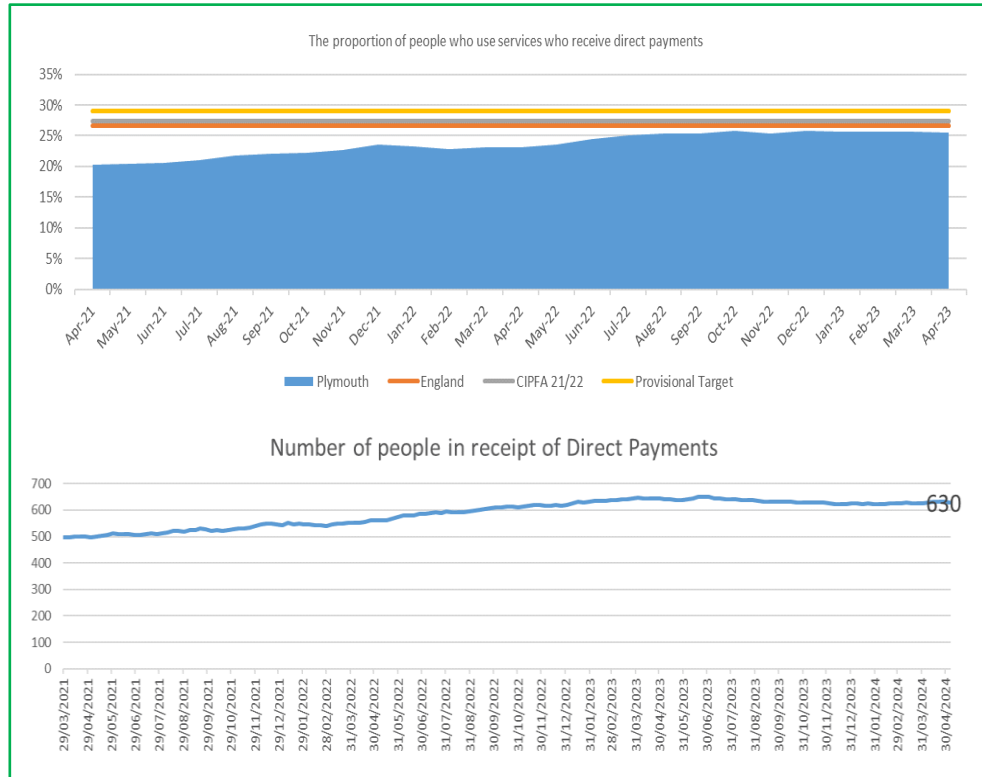
Analysis

These are new metrics. The number of people in receipt of supported living packages of care have been on an increasing trend over the long term, numbers being 10% higher than at the end of March 2021. Since the turn of the calendar year numbers have been reducing, down from a peak of 709 in November 2023. Numbers are currently 11 above budgeted target. The number of new packages started fluctuates month on month and the numbers currently awaiting a package remains low at 32.

Progress Flash Report for week to: April, 2024

Metric: Direct Payments

KPI	December	January	February	March	April	Direction	TARGET
Number of people in receipt of direct payments	626	625	624	620	630	▲	606
Percentage of people in receipt of direct payments	26.2%	26.1%	25.9%	25.5%	25.5%	▲ ▼	26.2%



Analysis

Like most types of care the number of direct payments had been increasing, in recent months however the numbers have stabilised. Following three months of decreases the numbers have shown an increase at the end of April, up to 630.

The ambition remains to increase the numbers in receipt of direct payments in line with national average, and to improve our performance against the national indicator; the proportion of people who receive services who receive a direct payment. A change to the CIPFA group means that for 2022/23 we exceed the peer group average of 21%.

Narrative and Plan

Direct Payment numbers have increased by ten since last month which is reassuring following a period very slight reduction in numbers. This ensures we remain at a good level and comparing well to national average. We believe that the increase is due to an increase in the number reviews being undertaken. Most of the new DP users are employing PAs which is positive as it stimulates the PA market and reduces reliance on traditional domiciliary care. Our CQC Improvement plan should lead to further improvements in DP numbers and size, with the work being undertaken to reduce waiting times & review backlogs.

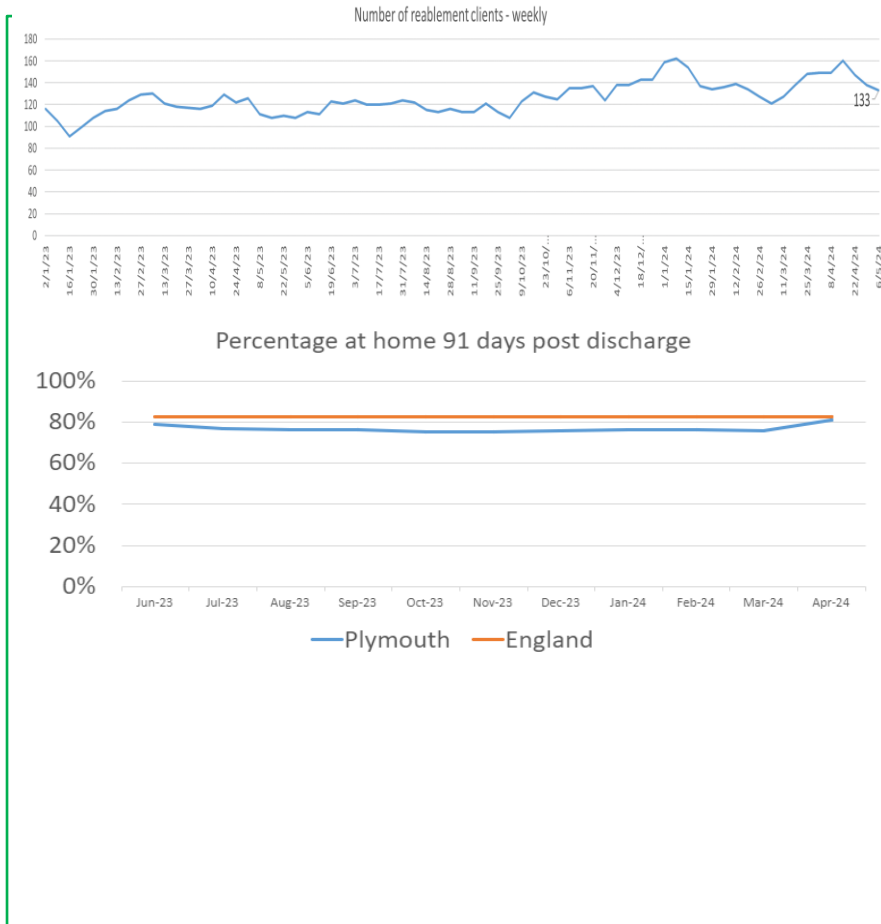
Our DP lead is now recruiting an additional officer within the team which will improve performance. A new training programme is being set up which will be mandatory and rolled out this year. We are also setting up a PA Bank to support DP users access PA. We have also now produced a draft Direct Payments Policy which will provide clear guidance to all practitioners and DP users and ensure successful management of DPs.

We are undertaking a deep dive into DP data to understand reasons for starting and ending of DPs and demographic make-up.

Progress Flash Report for week to: April, 2024

Metric: Reablement

KPI	December	January	February	March	April	Direction	TARGET
Number of people in receipt of reablement (end of month snapshot)	141	137	134	135	138	▲	
Percentage of people (65+) at home 91 days after discharge	75.6%	76.2%	76.2%	75.8%	81.0%	▲	80%
Number of Reablement packages started in period	112	108	96	122	113	▼	
Number of reablement hours delivered in period (predicted)	3,432	3,819	3,259	3,386	3,429	▲	



Analysis

Post October 2023 the numbers of people receiving reablement starting to increase following a prolonged period where the trend was relatively static. In the second week of January numbers reached a peak of 162 but since then numbers have reduced again and were 138 in the week of 6 May 2024.

The percentage of people who are still living at home 91 post discharge had consistently around the 75 to 76% mark, however in April performance has improved to above the 80% target. This remains below the national average of 82.3%, but above our BCF target of 80%. It will be important to monitor whether this improvement is maintained.

Narrative and Plan

Reablement performance remains positive, and flow is good, and this is supporting Hospital flow, reducing NCTR and avoiding delayed discharges. The service continues to manage and oversee the delivery and governance of the peripatetic home care service which supports flow in and avoids delays out of reablement. The % of people at home 91 days after discharge is also in a positive position at 81%.

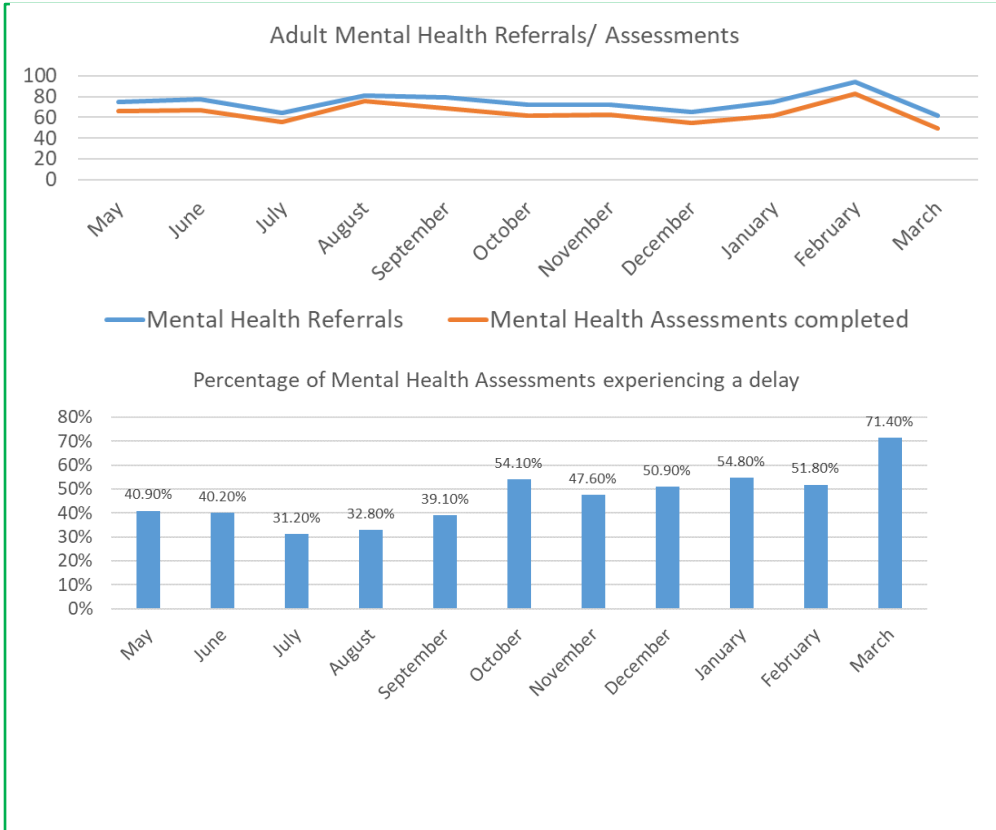
Reablement continues to be solely focused on supporting hospital discharge with little capacity to support needs in the community and this is an area identified on our CQC improvement plan for developing the reablement offer.

There has also been a Reablement review commissioned to look at reviewing working arrangements and scheduling to improve efficiencies within the service and the recommendations have been shared and are being implemented.

Progress Flash Report for week to: March, 2024

Metric: Adult Mental Health

KPI	November	December	January	February	March	Direction
Mental Health Referrals	72	65	75	94	62	▼
Mental Health Assessments completed	63	55	62	83	49	▼
Percentage of Mental Health Assessments experiencing a delay	47.6%	50.9%	54.8%	51.8%	71.4%	▲



Analysis

There was a decrease of 25.3% in the number of referrals received in March from February; of the 62 referrals received in March, 49 (79.03%) resulted in an assessment under the Mental Health Act (MHA). This is a decrease on February's 83 (88.2 %).

Requests for S.2 to S.3 MHA Assessments (MHAAs) decreased by 50.0% from February to March (constituting 10.2% of all MHAAs conducted in March).

The percentage of 5136 assessments in March decreased by 50.0% on February's figure.

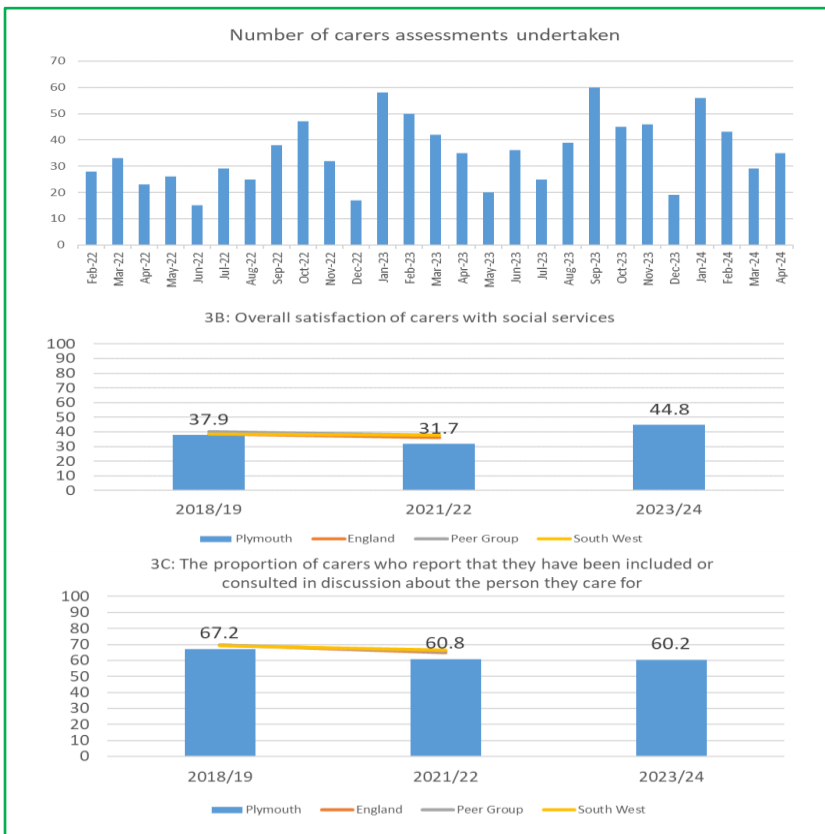
Narrative and Plan

The number of referrals which have not progressed to a MHAAs has remained consistent with an average of 10.6; these are largely due to Section 13 considerations deeming a MHAAs inappropriate or the referring making further contact to advise the situation has changed and a MHAAs is no longer required. However, 2 occasions represent a data error and a further 2 occasions represent MHA Assessments being carried out by other AMHP services on our behalf (due to the patient being admitted to hospitals elsewhere in the country). Delays in MHAAs being completed has increased, this is largely the result of increased delays with accessing suitable mental health hospital admissions, these account for many delays. Delays caused for this reason are followed by delays due to not being able to access the Place of Safety and then being unable to arrange for a suitable doctor to attend assessments.

Progress Flash Report for week to: April, 2024

Metric: Adult Carers

KPI	December	January	February	March	April	Direction
Number of carers assessments undertaken	19	56	43	29	35	▲
			2018/19	2021/22	2022/23	
3B: Overall satisfaction of carers with social services			37.9	31.7	44.8	▲
3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for			67.2	60.8	60.2	▼
ID: Carer-reported quality of life			7.0	7.1	7.0	▲



Analysis

The number of carers assessments has not been routinely monitored for some time. 402 assessments were undertaken in 2022/23, in 2023/24 this number has reduced to 356, but numbers will likely increase retrospectively. Work is ongoing to start tracking the outcomes of carer assessments.

Narrative and Plan

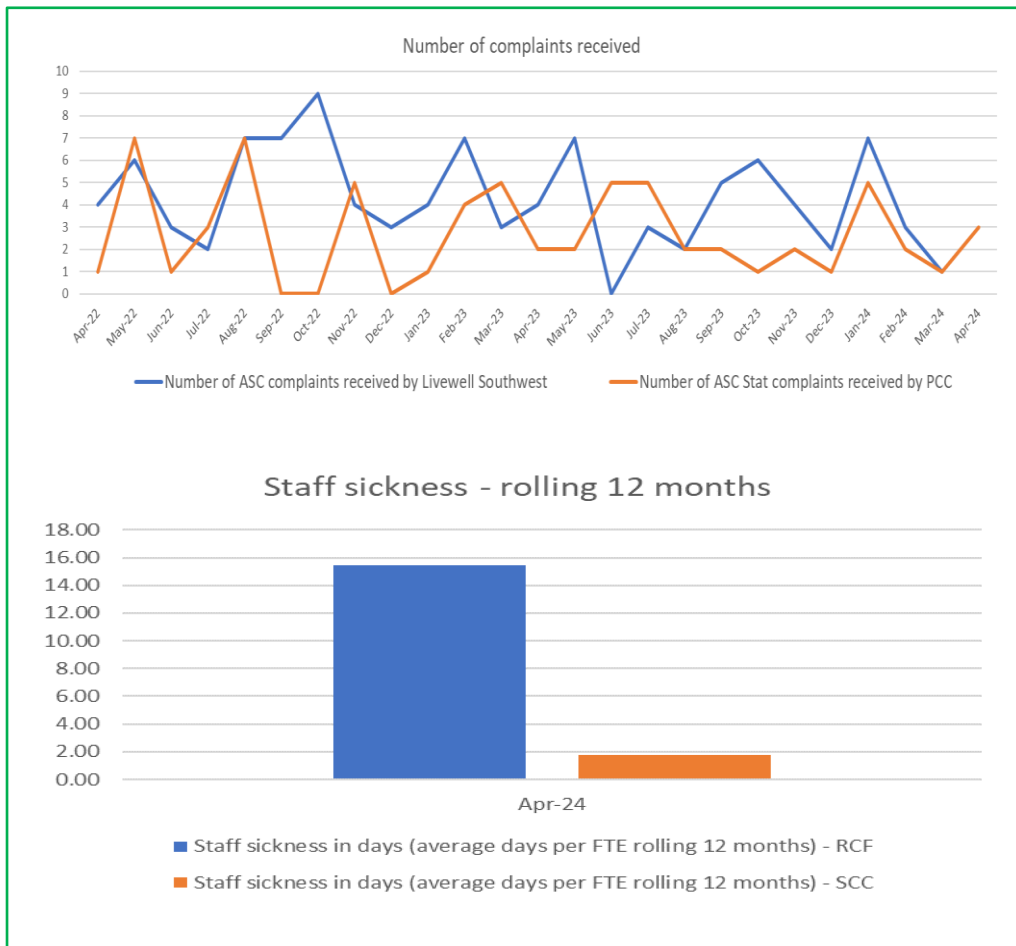
Livewell Southwest working with PCC to develop a carers strategy and the timeline is still to be confirmed – this work is overseen by the multi-agency Carers Strategic Partnership Board.

A project is underway with Children Services to jointly review the draft MOU for young carers “No wrong doors” for gaps and actions.

Performance Flash Report for week to: April, 2024

Theme: Corporate Performance – Strategic Co-operative Commissioning

KPI	January	February	March	April	Direction	TARGET
Number of ASC Stat complaints received by PCC	5	2	1	3	▲	34
Number of LGO complaints received	0	1	2	2	▲ ▼	5
Number of FOI's due in month	7	8	3	7	▲	N/A
% of FOIs completed within timescales	100%	87.5%	100%	100%	▲ ▼	90%
Staff sickness in days (average days per FTE rolling 12 months) – RCF				15.47		10.0
Staff sickness in days (average days per FTE rolling 12 months) – SCC				1.8		10.0



Analysis

Sickness reporting is now split between Commissioning and Retained Client Functions. This illustrates the challenges faced by our public-facing services in Retained Client, where staff need to be more aware of not passing on any illnesses to vulnerable clients and are not able to work from home if feeling slightly unwell.

The number of LGO complaints received towards the end of the year have increased with 2 reported in both March and April. Only one of these complaints has been upheld, and the organisation has already remedied at the time of reporting.

Narrative and Plan

Sickness continues to be closely monitored with plans in place where concerns have been identified. There remain no members of Commissioning staff on long term sick leave.

Practice/workforce meeting is used to review on a quarterly basis the themes and outcomes of complaints, and implications for practice.

Joint training on complaints was held recently for Commissioning, Retained and Safeguarding. In September specific LGO complaints training is booked for PCC and Livewell managers.

Strategic Risks – People Directorate

Risk Type	Title	Which Corporate Priority does this risk primarily relate to?	Risk Description	Existing Key Controls	Q3 23.24 Post-Mitigation Probability Update Score	Q3 23.24 Post-Mitigation Impact Update Score	Overall Risk Score @ Q3	Mitigation	Q4 23.24 Post-Mitigation Probability Update Score	Q4 23.24 Post-Mitigation Impact Update Score	Overall Residual Risk Score
Strategic	Increased and sustained pressure on Adult Social Care budget	Working with the NHS to provide better access to health, care and dentistry	The escalating and sustained strain on the Adult Social Care budget, driven by rising care costs, hospital flow challenges, and a growing population with complex needs, poses a risk of failing to meet statutory service obligations.	Real time management information Strong Reablement Offer Established Review Programme Commissioning Strategies / Intentions and Commissioning Activity to further develop models of care.	4	4	16	Strengthen Scheme of Delegation and management actions focused on practice with our key Partner Livewell South West Increase focus on Practice and outcomes Continued work with health partners to increase numbers discharged from Hospital to the "Home first" pathway Design of appropriate workforce development plans providing care workforce sufficient and skills 1-2 year mitigations Dom Care zoning approach included in procurement aimed to increase efficiency and reduce waste and intermediate care growth to include front door.	4	4	16
Strategic	Adult Social Care (ASC) Reforms	Spending money wisely	There are a number of reforms to ASC that have created significant financial uncertainty in terms of being able to accurately understand the cost, volume and funding that will be made available to deliver the requirements of these reforms.	National and regional groups including Local Government Association and ADASS ASC reform programmes established Fair cost of care exercise to better understand position Departmental and directorate management teams	2	1	2	Continued uncertainty over much needed reform increases risks of sustainability over time. We will continue to advocate for the need for reform along with the key issues and solutions we feel reform will need to address/can offer through regional ADASS and LGA bodies and the Offers and Asks of our directorate.	3	2	6
Strategic	Adult Social Care - funding for National Living Wage increase	Keeping children, adults and communities safe	Risk of adult placement providers withdrawing services or seeking to place with other local authorities if the cost of meeting the increase to the National Living Wage is not met.	Budget planning in hand to ensure that the cost of the increase is covered.	2	2	4	Regular provider forums, newsletter and communications. Contract managers are available for any providers experiencing financial issues to be able to have a more in depth discussion. Benchmarking with other local authorities as part of regional groups. Providers have generally accepted the proposed uplifts for 2024/25 and been understanding of our financial and funding position. We will continue to have individual conversations where this has not been accepted.	2	3	6
Strategic	Lack of adult social care workforce	Keeping children, adults and communities safe	Lack of adult social care workforce and growing fragility of Adult Social Care Market leading to inability of Authority to meet statutory duties and meet eligible need.	Real time management information Provider Contingency Plans and Mutual Aid Protocol Activity Dialogue with Care Market Enhanced risk management process around individual client list.	4	5	20	There has been some return to stability in the ASC Market workforce, although we would want to see another quarter of good performance before we consider risk reductions.	2	2	4